

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2007</h3> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p style="text-align: center;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/750,315-Conf. #1701</td></tr> <tr><td>Filing Date</td><td>December 30, 2003</td></tr> <tr><td>First Named Inventor</td><td>Andrew Arthur Berlin</td></tr> <tr><td>Examiner Name</td><td>R. T. Crow</td></tr> <tr><td>Art Unit</td><td>1634</td></tr> <tr><td>Attorney Docket No.</td><td>21058/0206535-USO</td></tr> </table>		Application Number	10/750,315-Conf. #1701	Filing Date	December 30, 2003	First Named Inventor	Andrew Arthur Berlin	Examiner Name	R. T. Crow	Art Unit	1634	Attorney Docket No.	21058/0206535-USO																																										
Application Number	10/750,315-Conf. #1701																																																								
Filing Date	December 30, 2003																																																								
First Named Inventor	Andrew Arthur Berlin																																																								
Examiner Name	R. T. Crow																																																								
Art Unit	1634																																																								
Attorney Docket No.	21058/0206535-USO																																																								
<p>TOTAL AMOUNT OF PAYMENT (\$) 790.00</p>																																																									
<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input type="checkbox"/> Deposit Account Deposit Account Number: <u>04-0100</u> Deposit Account Name: <u>Darby & Darby P.C.</u> </p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments </p>																																																									
<p>FEE CALCULATION</p>																																																									
<p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr><td>Utility</td><td>300</td><td>150</td><td>500</td><td>250</td><td>200</td><td>100</td><td>_____</td></tr> <tr><td>Design</td><td>200</td><td>100</td><td>100</td><td>50</td><td>130</td><td>65</td><td>_____</td></tr> <tr><td>Plant</td><td>200</td><td>100</td><td>300</td><td>150</td><td>160</td><td>80</td><td>_____</td></tr> <tr><td>Reissue</td><td>300</td><td>150</td><td>500</td><td>250</td><td>600</td><td>300</td><td>_____</td></tr> <tr><td>Provisional</td><td>200</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td>_____</td></tr> </tbody> </table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100	_____	Design	200	100	100	50	130	65	_____	Plant	200	100	300	150	160	80	_____	Reissue	300	150	500	250	600	300	_____	Provisional	200	100	0	0	0	0	_____
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																																																		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																																			
Utility	300	150	500	250	200	100	_____																																																		
Design	200	100	100	50	130	65	_____																																																		
Plant	200	100	300	150	160	80	_____																																																		
Reissue	300	150	500	250	600	300	_____																																																		
Provisional	200	100	0	0	0	0	_____																																																		
<p>2. EXCESS CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr><td>Each claim over 20 (including Reissues)</td><td>50</td><td>25</td></tr> <tr><td>Each independent claim over 3 (including Reissues)</td><td>200</td><td>100</td></tr> <tr><td>Multiple dependent claims</td><td>360</td><td>180</td></tr> </tbody> </table> <p> <u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> = <u>Fee Paid (\$)</u> 23 - 40 = 0 x = 0.00 </p> <p>HP = highest number of total claims paid for, if greater than 20</p> <p> <u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> = <u>Fee Paid (\$)</u> 4 - 5 = 0 x = 0.00 </p> <p>HP = highest number of independent claims paid for, if greater than 3</p> <p style="text-align: right;">Multiple Dependent Claims</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr><td>_____</td><td>0.00</td></tr> </tbody> </table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180	Fee (\$)	Fee Paid (\$)	_____	0.00																																						
Fee Description	Fee (\$)	Small Entity Fee (\$)																																																							
Each claim over 20 (including Reissues)	50	25																																																							
Each independent claim over 3 (including Reissues)	200	100																																																							
Multiple dependent claims	360	180																																																							
Fee (\$)	Fee Paid (\$)																																																								
_____	0.00																																																								
<p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 100 = _____</td> <td>/50 = _____</td> <td>(round up to a whole number) x _____</td> <td>= _____</td> <td>_____</td> </tr> </tbody> </table>				Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____	_____																																												
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																																					
- 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____	_____																																																					
<p>4. OTHER FEE(S)</p> <p>Non-English Specification, \$130 fee (no small entity discount)</p> <p>Other (e.g., late filing surcharge): <u>1801 Request for continued examination (RCE) (see 37 ...)</u> 790.00</p>																																																									
<p>SUBMITTED BY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Signature</td> <td>/Raj S. Davé/</td> <td>Registration No. (Attorney/Agent)</td> <td>42,465</td> <td>Telephone</td> <td>(202) 639-7515</td> </tr> <tr> <td>Name (Print/Type)</td> <td>Raj S. Davé</td> <td>Date</td> <td colspan="3">September 18, 2007</td> </tr> </table>				Signature	/Raj S. Davé/	Registration No. (Attorney/Agent)	42,465	Telephone	(202) 639-7515	Name (Print/Type)	Raj S. Davé	Date	September 18, 2007																																												
Signature	/Raj S. Davé/	Registration No. (Attorney/Agent)	42,465	Telephone	(202) 639-7515																																																				
Name (Print/Type)	Raj S. Davé	Date	September 18, 2007																																																						